

DIVISION OF ALCOHOL AND SUBSTANCE ABUSE (DASA)
DASA TARGET DETOX SHORT FORM

AGENCY NUMBER

CLIENT IDENTIFICATION

1. LAST NAME		2. FIRST NAME		3. MIDDLE NAME	
4. OTHER LAST NAME		5. DATE OF BIRTH	6. SOCIAL SECURITY NUMBER*		7. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
8. SPANISH/HISPANIC/LATINO (CHECK ONE BOX ONLY)					
<input type="checkbox"/> Cuban		<input type="checkbox"/> Not Spanish/Hispanic/Latino		<input type="checkbox"/> Puerto Rican	
<input type="checkbox"/> Mexican, Mexican American, Chicano		<input type="checkbox"/> Other Spanish/Hispanic/Latino		<input type="checkbox"/> Refused to answer	
9. WHICH RACE/ETHNICITY GROUP WOULD YOU IDENTIFY YOURSELF WITH (CHECK A MAXIMUM OF FOUR THAT APPLY)					
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Native American	<input type="checkbox"/> Samoan	Tribal Code (No. 1) _____	
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hawaiian (Native)	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Thai	Tribal Code (No. 2) _____	
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Vietnamese		
<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> Other Race	<input type="checkbox"/> White/European American		
<input type="checkbox"/> Filipino	<input type="checkbox"/> Laotian	<input type="checkbox"/> Refused to Answer			
<input type="checkbox"/> Middle East					

TREATMENT INFORMATION

BEGIN DATE	BEGIN TIME	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	END DATE	END TIME	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
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KEY CODES

PST CODES	ADMINISTRATION CODES	FREQUENCY OF USE/PEAK USE PER MONTH
Primary (1)	Inhalation (I) Oral (O)	1 – No use 4 – 13 or more times
Secondary (2)	Injection (J) Other (X)	2 – 1 to 3 times 5 – Daily
Tertiary (3)	Intra nasal (N) Smoking (S)	3 – 4 to 12 times 6 - Unknown

SUBSTANCES

SUBSTANCE	PST (CHECK ONE BOX PER SUBSTANCE)	SUBSTANCE	PST (CHECK ONE BOX PER SUBSTANCE)	SUBSTANCE	PST (CHECK ONE BOX PER SUBSTANCE)
1 Alcohol	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	10 Marijuana - Cannabis	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	16 Over the Counter	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
2 Amphetamines	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	11 Methamphetamine	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	17 Oxy/Hydro Codone	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
3 Barbiturates	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	12 No substance abuse	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	18 PCP	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
4 Benzodiazepines	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	13 Other:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	19 Prescribed Opiate Substitute	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
5 Cocaine	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	14 Other Sedatives or Hypnotics	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	20 Substance Unknown	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
6 Hallucinogens	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	15 Other Opiates and Synthetics	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	21 Tobacco products (can not be primary)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
7 Heroin	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3				
8 Inhalants	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3				
9 Major tranquilizers	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3				

1. IN THE FOLLOWING TABLE DESCRIBE SUBSTANCE USE WITH THE ABOVE KEY CODES.

PST	SUBSTANCE (CODE)	ADMIN (CODE)	AGE OF FIRST USE	FREQUENCY OF USE IN LAST 30 DAYS (CODE)	PEAK USE PER MONTH IN LAST YEAR (CODE)	DATE LAST USED	AMOUNT TAKEN/COMMENTS
1							
2							
3							

2. User defined option:

2. CONTRACT (CHECK ONE BOX ONLY)

<input type="checkbox"/> Adult Outpatient	<input type="checkbox"/> Criminal Justice (CJ)	<input type="checkbox"/> Criminal Justice – Innovation	<input type="checkbox"/> Other/None
<input type="checkbox"/> Pregnant/Post Partum	<input type="checkbox"/> Youth Treatment		

* The Social Security Act provides for the collection of Social Security Number to assist in the administration of public funded programs.

DASA TARGET DETOX SHORT FORM

CLIENT NAME		AGENCY NUMBER	STAFF IDENTIFICATION
3. FUND SOURCE (CHECK ONE BOX ONLY)			
<input type="checkbox"/> Agency Funded		<input type="checkbox"/> Federal Direct	<input type="checkbox"/> Private Pay
<input type="checkbox"/> County Community Services		<input type="checkbox"/> Other	<input type="checkbox"/> State DSHS (Non DASA)
		<input type="checkbox"/> State Direct	<input type="checkbox"/> State Non DSHS
4. TITLE XIX FUNDED		5. INSURANCE PAYMENT (CHECK ONE BOX ONLY)	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Less than 50% <input type="checkbox"/> 50% or greater <input type="checkbox"/> No Insurance Payment	
6. FEE STATUS (CHECK ONE BOX ONLY)			
<input type="checkbox"/> Client Will Pay No Fee <input type="checkbox"/> Client Will Pay Full Fee <input type="checkbox"/> Client Will Pay Partial Fee			
7. SPECIAL PROJECT STATE		8. SPECIAL PROJECT COUNTY	9. SPECIAL PROJECT AGENCY
10. CURRENT PUBLIC ASSISTANCE (CHECK ONE BOX ONLY)			
<input type="checkbox"/> ADATSA		<input type="checkbox"/> None	
<input type="checkbox"/> Applicant		<input type="checkbox"/> Refugee Assistance	
<input type="checkbox"/> General Assistance – Presumptive Disability (GAX)		<input type="checkbox"/> Supplemental Security Income (SSI; S01)	
<input type="checkbox"/> General Assistance – Unemployable (GAU)		<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	
<input type="checkbox"/> Medical Assistance Only			
11. ENTRY REFERRAL (CHECK ALL THAT APPLY)			
<input type="checkbox"/> ADATSA Assessment Center		<input type="checkbox"/> Detoxification Facility	<input type="checkbox"/> Mental Health Provider
<input type="checkbox"/> At Risk Youth (ARY/CHINS)		<input type="checkbox"/> Diversion	<input type="checkbox"/> Other Alcohol/Drug Facility
<input type="checkbox"/> Attorney		<input type="checkbox"/> DSHS Community Services Office	<input type="checkbox"/> Other Health Care Provider
<input type="checkbox"/> BECCA Involved		<input type="checkbox"/> Employer/EAP	<input type="checkbox"/> Police
<input type="checkbox"/> Court/Probation		<input type="checkbox"/> First Steps or PPP Case	<input type="checkbox"/> School/Education
<input type="checkbox"/> DCFS/CPS		<input type="checkbox"/> Group Care	<input type="checkbox"/> Self/Family
<input type="checkbox"/> Department of Corrections (DOC)		<input type="checkbox"/> Involuntary Commitment	<input type="checkbox"/> Social Security Administration
<input type="checkbox"/> Department of Licensing (DOL)		<input type="checkbox"/> JRA	<input type="checkbox"/> Other:
12. DETOX END REFERRAL (CHECK ALL THAT APPLY)			
<input type="checkbox"/> ADATSA Assessment Completed		<input type="checkbox"/> Mental Health Services	
<input type="checkbox"/> ADATSA Assessment Agency		<input type="checkbox"/> None	
<input type="checkbox"/> ATR Services		<input type="checkbox"/> Not Amenable to Treatment/Lacks Engagement	
<input type="checkbox"/> Housing Support Services		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Involuntary Treatment (ITA)		<input type="checkbox"/> Referred to CD Treatment	
<input type="checkbox"/> Gambling Treatment		<input type="checkbox"/> Self-Help Group	
<input type="checkbox"/> Medical/Dental Services			
13. DISCHARGE OR CLOSURE TYPE (CHECK ONE BOX ONLY)			
<input type="checkbox"/> Client Died		<input type="checkbox"/> Inappropriate Admission	<input type="checkbox"/> Transferred to Different Facility
<input type="checkbox"/> Completed Treatment		<input type="checkbox"/> Incarcerated	<input type="checkbox"/> Withdrew Against Program Advice
<input type="checkbox"/> Funds Exhausted		<input type="checkbox"/> Rule Violation	<input type="checkbox"/> Withdrew With Program Advice
14. GOVERNING COUNTY		15. HOMELESS OR ON THE STREET	16. RECOMMENDED ASAM PLACEMENT LEVEL
		<input type="checkbox"/> Yes <input type="checkbox"/> No	